

Liability Insurance Form

Certificate of Insurance (COI)

Please complete this form and email it to KiKi Hadden. If applicable, attach a copy of the contract with the insurance requirements.

Requestors Name _____

Department _____

Certificate Holder Name _____

(The certificate holder is the party that owns the facility.)

Certificate Holder Email _____

(Where do we send the completed COI?)

Certificate Holder Mailing Address _____

City

State

ZIP

Event Purpose _____ *(Ex. Softball Practice/Games)*

Event Dates _____ *(Ex. March 1-May 1, 2017)*

Facility Location Address _____

City

State

ZIP

Additional Insured _____

*Note: an “additional insured” endorsement says that if something happens while using their facility – that you are responsible for, (example – a student kicks the soccer ball really far out of bounds, and it hits a baby’s head in a nearby play area and causes head trauma) that if a lawsuit comes for that, and it names the college and the park owner, it will protect the park owner as if they were an additional insured on the policy, and our defense team will protect them on this policy, rather than having to file a separate insurance claim for the park owner on their policy (for something that was caused by NU).

Washington State Law – every school and public entity is supposed to ask the park and school users to list them as “additional insureds” on your policy.